

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM

1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236 (916) 263-2382 FAX: (916) 263-2567 www.caldocinfo.ca.gov



CANCELLATION OF CERTIFICATE Registered Dispensing Optician

1.	A certificate was issued to(Nam	ne of Business)
		ne provisions of Section 2553 of the Business and Professions Code.
2.	Please check the reason for this cancellation:	☐ Out of Business ☐ Transfer of Ownership ☐ Change in Organization
3.	If the reason for the cancellation is a transfer of ownership or change in organization, provide the name of the new ownership or change in organization:	
4.	Attach both the original wall certificate and renewal please check all that apply and provide an explanat	certificate with this request. If you are unable to produce the certific tion below:
	Explanation:	
5.	The undersigned is authorized to make this reques	t:
FIDA	AVIT:	
ipport		of California that the information provided on this form, including any usiness indicated above is a Registered Dispensing Optician in the S
ame_		Title
gnatu	ure	Date
ign ar	nd sworn before me this day of(mon	nth) ,at (city and state)
	Z ! Z	Signature of Notary Public
	Notary Seal	Address
	ļ [—]	My commission expires: